

# *Entry Points: Philanthropy's Response to the Opioid Crisis: Substance Use Disorder (SUD) and plans of action*

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## Webinar Agenda Items

- Current facts about the issue of Substance Use Disorder (SUD) - Kim Tieman
  - National CDC and NORC Data - Kim Tieman
  - West Virginia Data - Susie Mullens
- West Virginia State Opioid Plan Overview with funding entry points – Kim Tieman
  - Ms. Mullens will cover the plan in detail in her presentation
- What can funders do to help with the issue? – Kim Tieman
- What Benedum has supported - Kim Tieman
- Commonly Used Terms and Definitions - Kim Tieman
- West Virginia State Opioid Plan Detail - Susie Mullens
- Person First Language - Susie Mullens
- Websites and Resources - Susie Mullens
- September 13th webinar and panel at Philanthropy West Virginia's conference  
November 7 & 8, 2018 - Kim Tieman

## Substance use disorders (SUD)

A SUD, also known as substance abuse or addiction, is defined as continued use of drugs or alcohol despite trying to stop and/or causing harm to self or others.

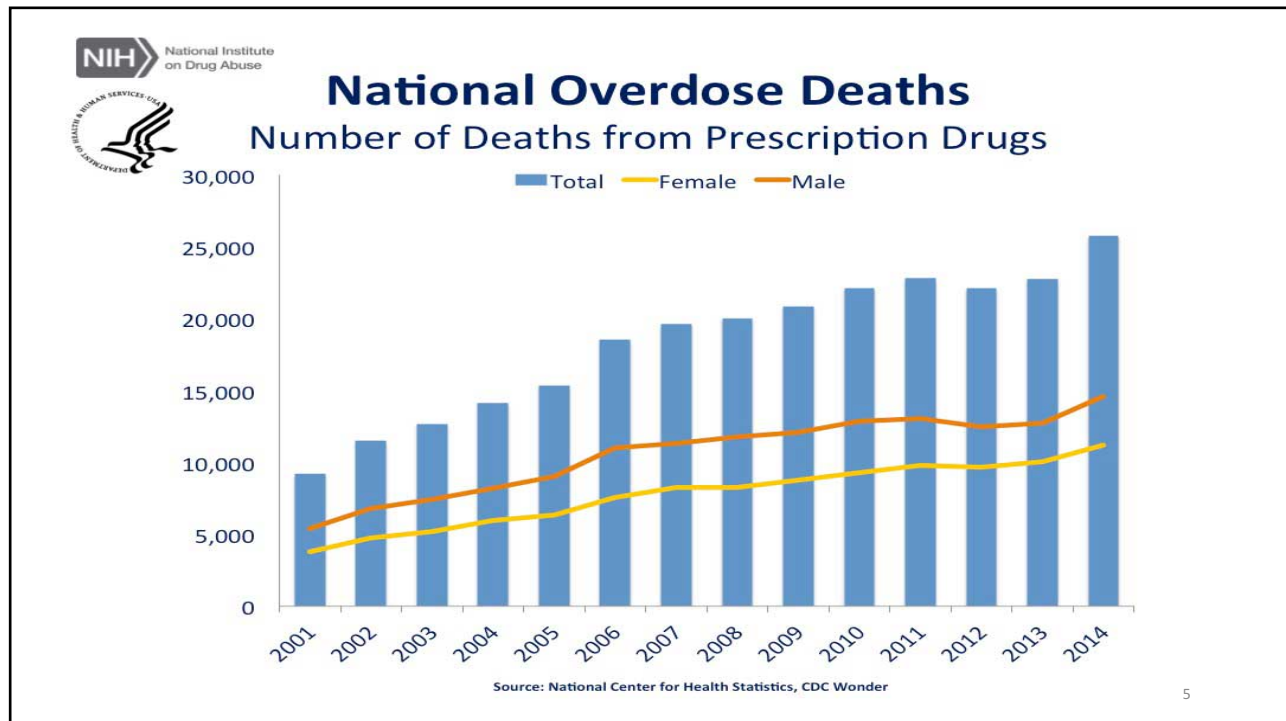
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## Role of prescriptive medications in chronic pain

Prescription medications are an integral part of improving the quality of life for millions of Americans living with acute or chronic pain.

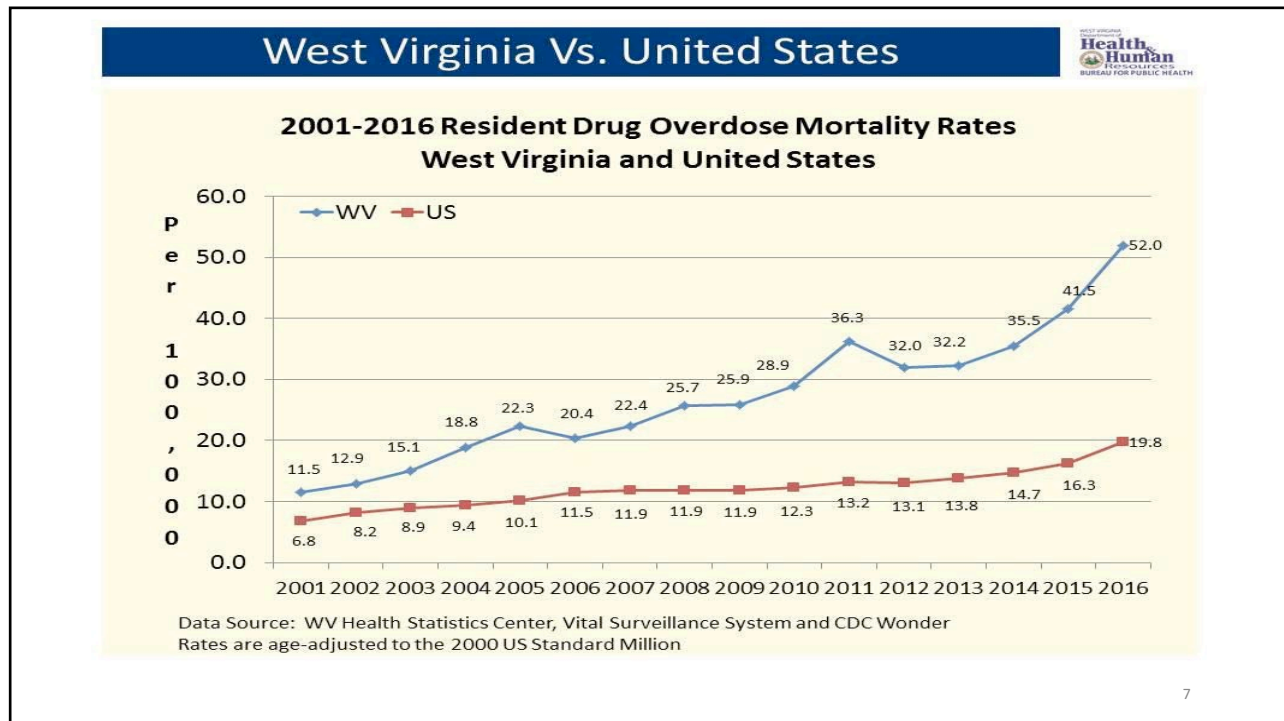
- However, one of the most serious public health problems in our country is the over dependence on these substances, with particular attention to the opioid class of prescription pain medications.
- Source: Laxmaiah Manchikanti, MD1 , Bert Fellows, MA1, Hary Ailinani, MD2 and Vidyasagar Pampati, MSc1

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## The Opioid Epidemic: The Solution Became the problem

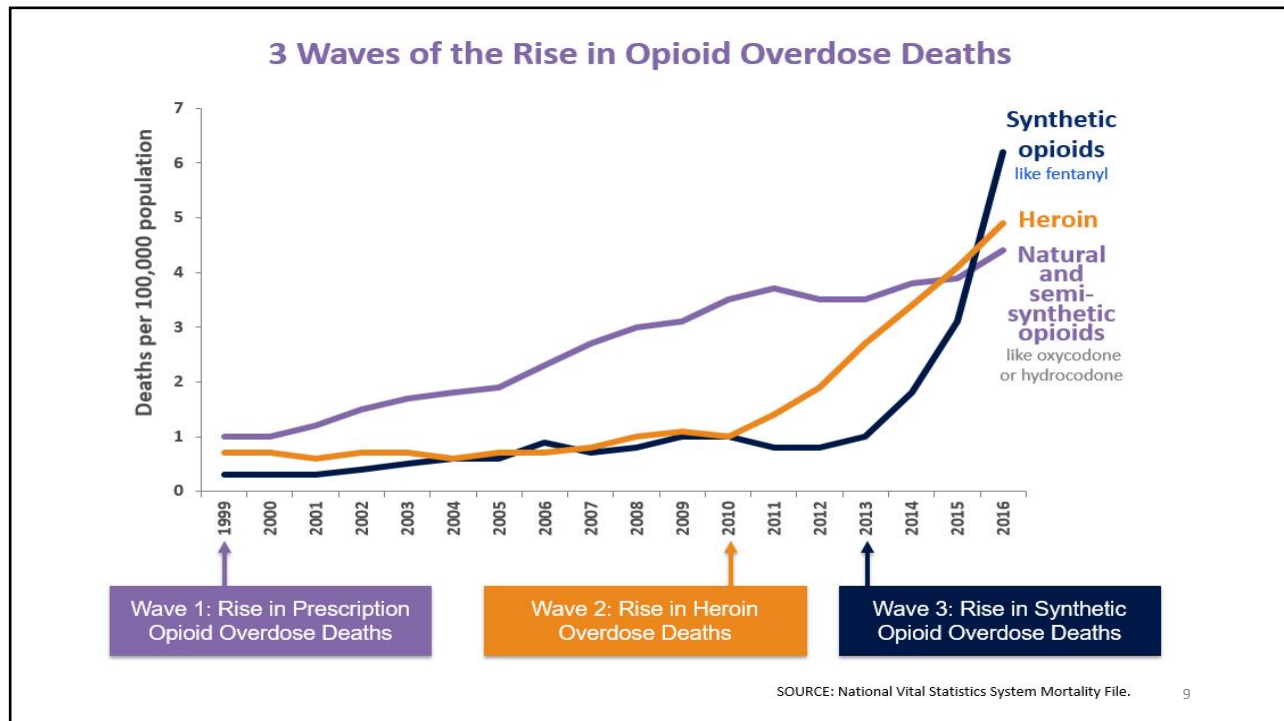
- 2,000,000 Americans live with prescription opioid abuse or dependence.
- From 1999 to 2016, more than 630,000 people have died from a drug overdose.
- In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 5 times higher than in 1999.
- On average, 115 Americans die every day from an opioid overdose.
- A baby is born impacted by opioids in the U.S. every 25 minutes.
- Source: Centers for Disease Control - <https://www.cdc.gov/drugoverdose/epidemic/index.html>



## The Opioid/Heroin Epidemic

The Centers for Disease Control (CDC) said the current crisis is the “worst drug overdose epidemic in U. S. history; in terms of deaths more than the heroin crisis of the 70s and the cocaine/crack epidemic in the 80s & 90s combined”:

- 80% of new heroin users got their start on prescription drugs.
- Drug overdose is the number one cause of accidental deaths nationwide, and opioid overdoses are at the top.
- The toll of the epidemic is so great that it contributed to the first decline in U.S. life expectancy since 1993.



***The Surgeon General's Report stated:*** "For far too long, too many in our country have viewed addiction as a moral failing. This unfortunate stigma has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help. It has also made it more challenging to marshal the necessary investments in prevention and treatment. We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer."

<https://addiction.surgeongeneral.gov/>

## West Virginia Opioid Response Plan – Six Categories and 12 High-Priority Recommendations for the State of West Virginia

1. Prevention
2. Early Intervention
3. Treatment
4. Overdose Reversal
5. Supporting Families with Substance Use Disorder
6. Recovery

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### Prevention:

1. West Virginia should expand the authority of medical professional boards and public health officials to address inappropriate prescribing of pain medications.

2. West Virginia should limit the duration of initial opioid prescriptions.

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3. West Virginia should expand awareness of substance use disorder as a treatable disease by developing a public education campaign to address misinformation and associated stigma. This campaign should also support access to treatment through 1-844-HELP4WV.

### Early Intervention

4. West Virginia should expand promising law-enforcement diversion programs, such as the LEAD model, to help people experiencing a substance use disorder access treatment and achieve sustained recovery.

5. West Virginia should strengthen support for lifesaving comprehensive harm reduction policies, by removing legal barriers to programs that are based on scientific evidence and by adding resources.

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## Treatment

6. Reflecting the need for all patients to have access to multiple options for treatment, West Virginia should require a statewide quality strategy for opioid use disorder treatment and remove unnecessary regulatory barriers to the expansion of effective treatment.

7. West Virginia should expand access to effective substance use disorder treatment in hospital emergency departments, other healthcare settings, and the criminal justice system to reach people at key moments of opportunity to enter care.

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## Overdose Reversal

8. West Virginia should require all first responders to carry naloxone and be trained in its use, support community-based naloxone programs for initial responders, and authorize a standing order for naloxone prescriptions to improve insurance coverage.

9. West Virginia should require hospital emergency departments and Emergency Medical Services to notify the Bureau for Public Health of nonfatal overdoses for the purpose of arranging for outreach and services.

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## Supporting Families with SUD

10. West Virginia should expand effective programs that serve families, including Drug Free Moms and Babies, home visitation programs, and comprehensive services for the families of children born with Neonatal Abstinence Syndrome such as Lily's Place.

11. West Virginia should expand access to voluntary, long-acting, reversible contraception and other contraceptive services for men and women with substance use disorder in multiple settings.

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## Recovery

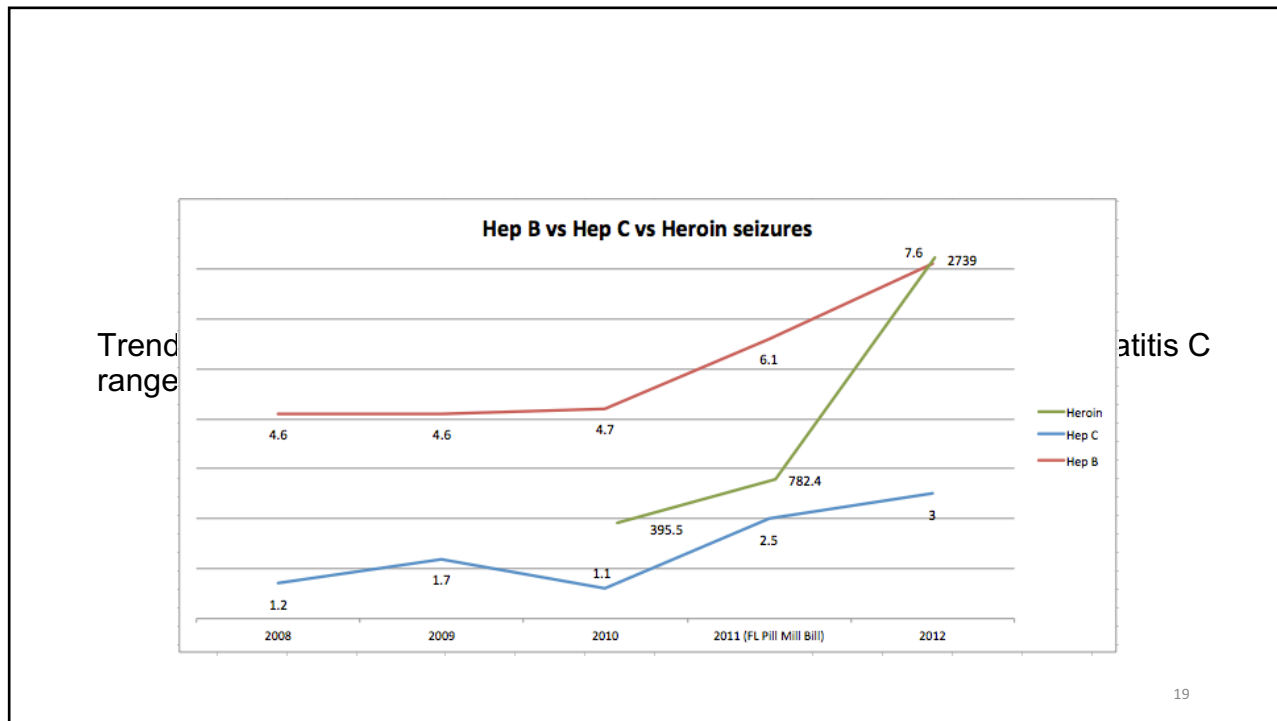
12. West Virginia should continue pursuing a broad expansion of recovery supports, including peer-based support services, families, and allies.

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## The Real Costs of Substance Abuse

- America spends over \$400 billion a year on costs related to substance use.
- Illicit drug induced crime related costs to us and the victim
- Health related costs (detox, treatment, residential, methadone/saboxone clinics, HIV, Hepatitis B & C)
- Temporary incarceration (jails/prisons, residential drug treatment facilities, hospitals)
- Absence from the workforce - disability
- Workforce costs for drug screening and treatment
- Premature death

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## Obstacles to Recovery

- Addiction is a disease
- Withdrawal can be painful
- Long waiting lists for treatment programs
- Relapse once persons in recovery arrive home from treatment
  - This is the most dangerous time for an accidental fatal overdose
- Many are unable to go into residential facilities due to family or work obligations
- Transportation issues for existing programs
- Access to care, limited number of treatment options in central locations
- Ability to pay – Insurance issues
- Stigma

## What Can We Do - A Potential Path Forward

- Support evidenced based programs identified by government and other funders that are effective
- Partner with government and other funders on building out demonstrations, program models, and system change efforts
- Improve access to care (transportation, payment, central locations)
- Increase the number of treatment facilities and Improve current treatment options
- Educate and support the medical profession in its efforts to treat pain properly, use alternative treatment methodologies, and reduce addiction
- Support evidenced based program that address components of the State plan

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## What Can We Do - A Potential Path Forward

- Provide program start-up costs
- Provide match for federal and national grants
- Work with workforce agencies on programs to reintegrate nonviolent drug offenders into the workforce
- Encourage enforcement efforts to shut down pill mills, prescription drug monitoring programs, and illegal drug sales in the state
- Public education on what works and the impact of substance abuse
- Protect our most vulnerable - pregnant women, unborn babies, and children

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## Benedum has supported

- Expansion of SBIRT and Recovery Coaches
- Drug Free Moms and Babies Project
- Lily's Place
- Recovery Points
- Partnership for African American Churches - Treatment programs
- West Virginia Council of Churches (congregational capacity building, motivational interviewing, SBIRT, and resource development)
- Helplines
- West Virginia Family Medicine Foundation to work with doctors on pain education and proper interventions – creation of a **pain model** (complete with a toolkit, training videos and assessments).
- Harm Reduction Programs

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## SBIRT (Screening, Brief Intervention, Referral to Treatment)

• SBIRT is defined by SAMHSA as a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.

It is brief (e.g., typically about 5-10 minutes for brief interventions; about 5 to 12 sessions for brief treatments).

- The screening is universal.
- One or more specific behaviors related to risky alcohol and drug use are targeted.
- The services occur in a public health non-substance abuse treatment setting.
- It is comprehensive (comprised of screening, brief intervention/treatment, and referral to treatment).
- Strong research or experiential evidence supports the model's effectiveness.

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## Peer support services (PSS)

- **Peer support services** are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.
- Building community—helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support

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## Recovery coaching

- **Recovery coaching** is a form of strengths-based support for persons with addictions or in **recovery** from alcohol, other drugs, codependency, or other addictive behaviors. **Recovery coaches** work with persons with active addictions as well as persons already in **recovery**.
- Recovery Coaching is an ongoing peer to peer relationship that helps folks who are in (or who are considering) recovery from addiction to produce results in their lives, careers, businesses, or organizations - while advancing their recovery from addiction.
- Recovery coaches can help a client find resources for harm reduction, detox, treatment, family support and education, local or online support groups; or help a client create a change plan to recover on their own.
- Programs utilizing recovery coaches as a part of treatment

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Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

<https://www.samhsa.gov/medication-assisted-treatment>

- There are three medications commonly used to treat opioid addiction:
- [Methadone](#) – clinic-based opioid agonist that does not block other narcotics while preventing withdrawal while taking it; daily liquid dispensed only in specialty regulated clinics
- [Naltrexone](#) – office-based non-addictive opioid antagonist that blocks the effects of other narcotics; daily pill or monthly injection
- [Buprenorphine](#) – office-based opioid agonist/ antagonist that blocks other narcotics while reducing withdrawal risk; daily dissolving tablet, cheek film, or 6-month implant under the skin

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## MAT - Medication Assisted Treatment

- **MAT *Decreases* opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission.** After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent.
- **MAT *Increases* social functioning and retention in treatment.** Patients treated with medication were more likely to remain in therapy compared to patients receiving treatment that did not include medication.
- **Treatment of opioid-dependent pregnant women with methadone or buprenorphine *Improves Outcomes* for their babies;** MAT reduces symptoms of neonatal abstinence syndrome and length of hospital stay.

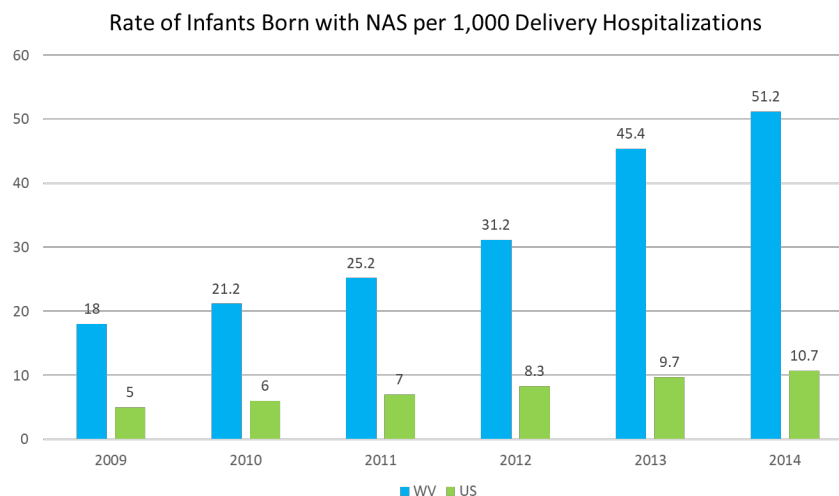
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## Drug Free Moms and Babies Project

- The Drug Free Moms and Babies Project is a comprehensive and integrated medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services. This project has been supported through funding from West Virginia Department of Health and Human Resources, Division of Behavioral Health and Health Facilities, the WV Office of Maternal, Child and Family Health, and the Claude Worthington Benedum Foundation.

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## Neonatal Abstinence Syndrome



Source: HCUP – State Inpatient Databases  
<https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures>

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## Drug Free Moms and Babies Project

- **Key aspects of the Drug Free Moms and Babies Project include:**
- **Screening, Brief Intervention, Referral and Treatment (SBIRT)** services integrated in maternity care clinics
- **Collaboration with community partners** for the provision of comprehensive medical, behavioral health, and social services
- **Long term follow up** for two years after the birth of the baby provided by a recovery coach. In addition, home visits and other services to help women maintain sobriety and access needed resources are provided.
- **Program evaluation** of effective strategies for identifying women in need, preventing addiction and abuse, treating women with substance abuse problems, and delivering recovery coaching services.
- **Provider outreach education** to other maternity care clinics in West Virginia to facilitate the duplication of successful model programs.

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## Harm reduction program

The process of recovery can be long. Overdose prevention kits help drug users stay alive long enough to get better, and clean syringe programs reduce the spread of HIV *without* increasing drug use.

- **Save lives and reduce SUD-related illness and homelessness right now.** These include overdose prevention medications, clean syringe programs, supportive housing, and legal assistance to help ensure that patients' basic needs are met. These approaches offer a double benefit: they are compassionate, recognizing that those with the most severe SUDs need help; and they save taxpayers money by reducing costly emergency services.

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## Websites with credible facts

- The West Virginia Office of Drug Control Policy <https://dhhr.wv.gov/Pages/Office-of-Drug-Control-Policy.aspx>
- The 2016 West Virginia Overdose Fatality Analysis: Healthcare Systems Utilization, Risk Factors, and Opportunities for Intervention is now posted online at [www.dhhr.wv.gov/bph](http://www.dhhr.wv.gov/bph)
- Appalachian Regional Commission data tool [https://www.arc.gov/news/article.asp?ARTICLE\\_ID=622](https://www.arc.gov/news/article.asp?ARTICLE_ID=622)
- <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment> NI on Drug Abuse Evidenced based treatment

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